

**FEE: \$10**Payable to:  
Maine State Treasurer

40601457

**CHANGE OF LICENSE APPLICATION****MAINE REAL ESTATE COMMISSION**  
**35 STATE HOUSE STATION**  
**AUGUSTA ME 04333-0035**

FOR MREC OFFICE USE ONLY

CHECK NO. \_\_\_\_\_

AMT. \_\_\_\_\_

CASH NO. \_\_\_\_\_

APPRVL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

ALMS \_\_\_\_\_

Enclose the current pocket card and wall license (if in your possession). Mail all materials and the required fee to the address above. Incomplete applications will be returned. All fees are non-refundable.

**APPLICANT INFORMATION**

FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
LICENSE NUMBER	Example: BR109999		EXPIRATION DATE
MM/DD/YYYY			
HOME/LEGAL ADDRESS Do NOT enter a Real Estate Agency address here.			
Street or PO Box		City	
County		State & zip	
Phone number		Email address	

**CHANGES TO MY LICENSE** *check and complete all sections that describe the changes you wish to make.*

<input type="checkbox"/> Change my name to:	FIRST	MIDDLE	LAST
<input type="checkbox"/> Affiliate my license with the following agency:			
AGENCY NAME			
AGENCY LICENSE NUMBER		AGENCY EXPIRATION DATE	
Example: AC90101011		MM/DD/YYYY	
DESIGNATED BROKER'S NAME			
DB LICENSE NUMBER		DB EXPIRATION DATE	
Example: DB901111		MM/DD/YYYY	
<input type="checkbox"/> Check here if a Designee will sign this form on behalf of the DB, and print designee name and designee license number below. <i>Please print name, license number and expiration date here.</i>			
<input type="checkbox"/> Change present Agency's legal or trade name to: <i>print new agency legal or trade name here</i>			
<input type="checkbox"/> Change my license from Broker to Designated Broker			
<input type="checkbox"/> Change my license from Designated Broker to Broker			
<input type="checkbox"/> Activate my license - fill in agency affiliation information above and include Continuing Education certificates.			
<input type="checkbox"/> Inactivate my license. <i>Designated Broker Signature is not required to inactivate a license.</i>			
Effective date of changes on this form (pick one):			
<input type="checkbox"/> Make changes effective immediately upon receipt		<input type="checkbox"/> Make changes effective on: MM/DD/YYYY	
Licensee Signature		Date	
Designated Broker Signature		Date	

STATE OF MAINE DEPARTMENT OF PROFESSIONAL &amp; FINANCIAL REGULATION - OFFICE OF LICENSING &amp; REGISTRATION

**Office Information:** Courier/Delivery address: 122 Northern Avenue, Gardiner, Maine 04345Phone: (207) 624-8518 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)